



STATE OF MARYLAND

# DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**July 5, 2013**

## Public Health & Emergency Preparedness Bulletin: # 2013:26 Reporting for the week ending 06/29/13 (MMWR Week #26)

### CURRENT HOMELAND SECURITY THREAT LEVELS

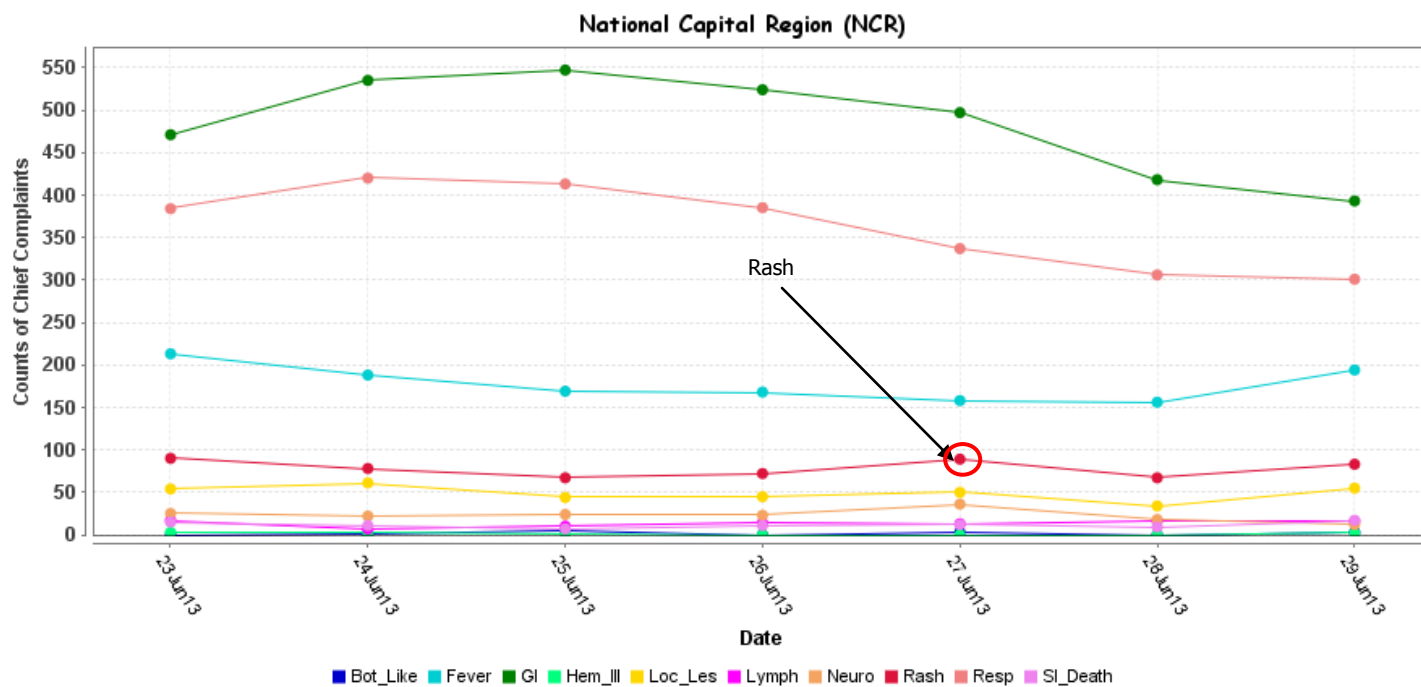
**National:** No Active Alerts  
**Maryland:** Level One (MEMA status)

### SYNDROMIC SURVEILLANCE REPORTS

#### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

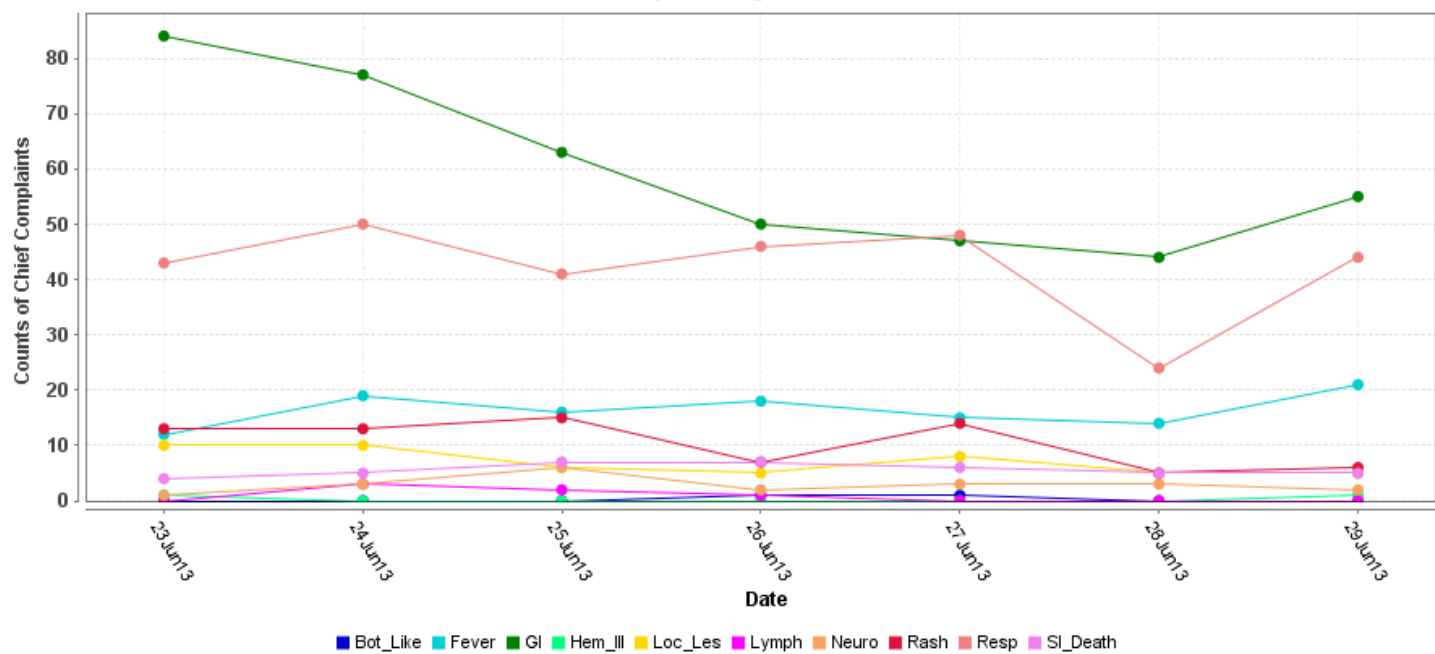
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



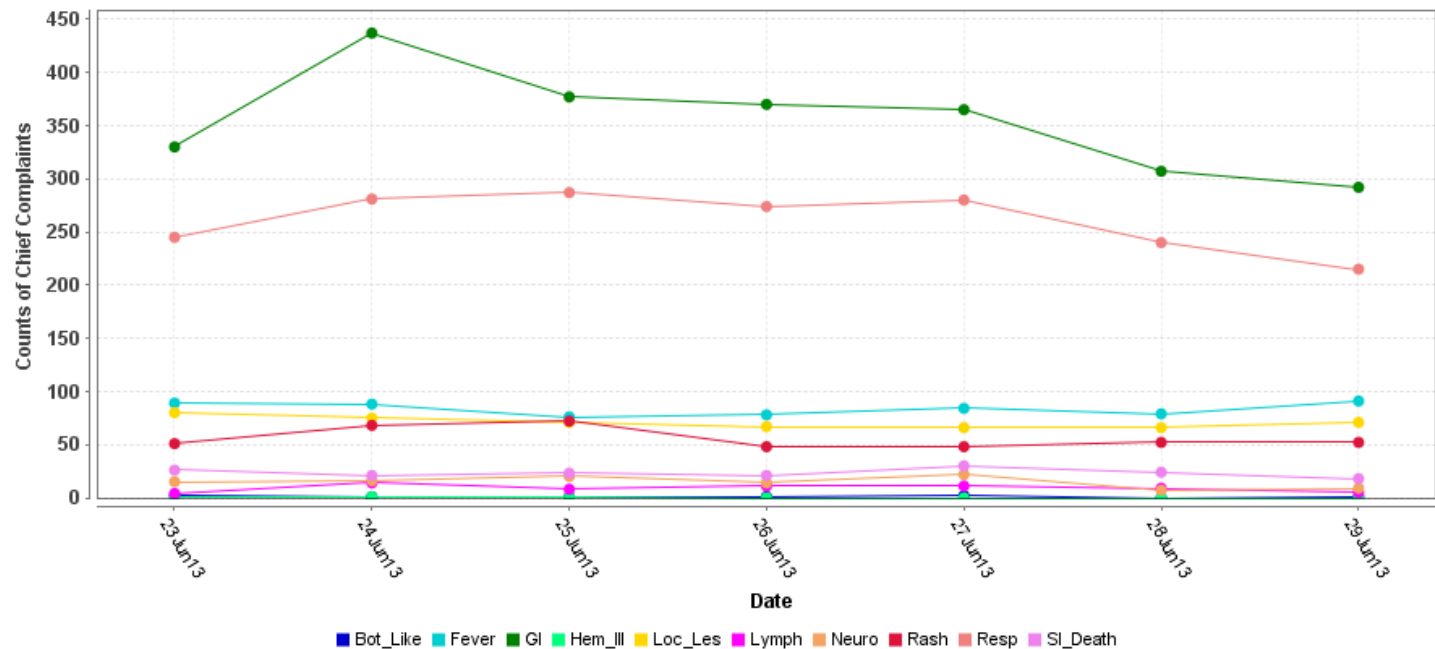
\*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

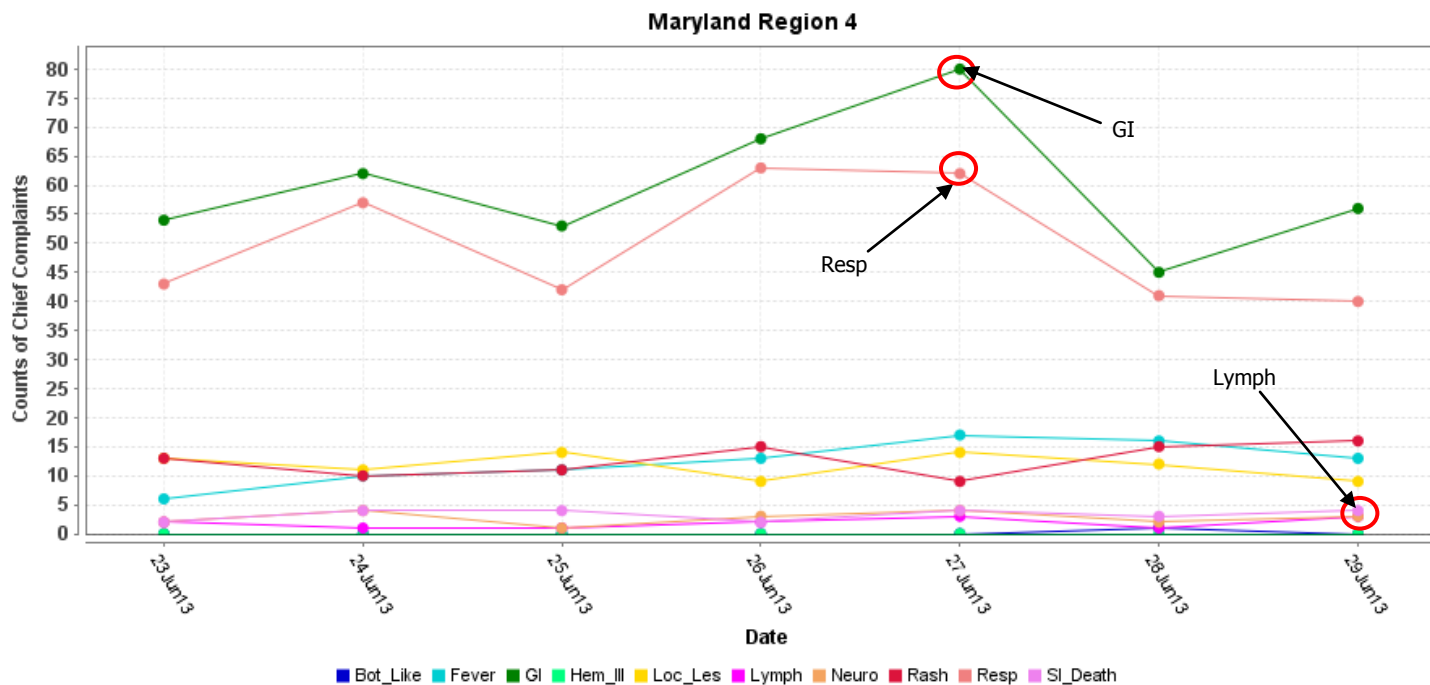
**MARYLAND ESSENCE:**

**Maryland Regions 1 and 2**

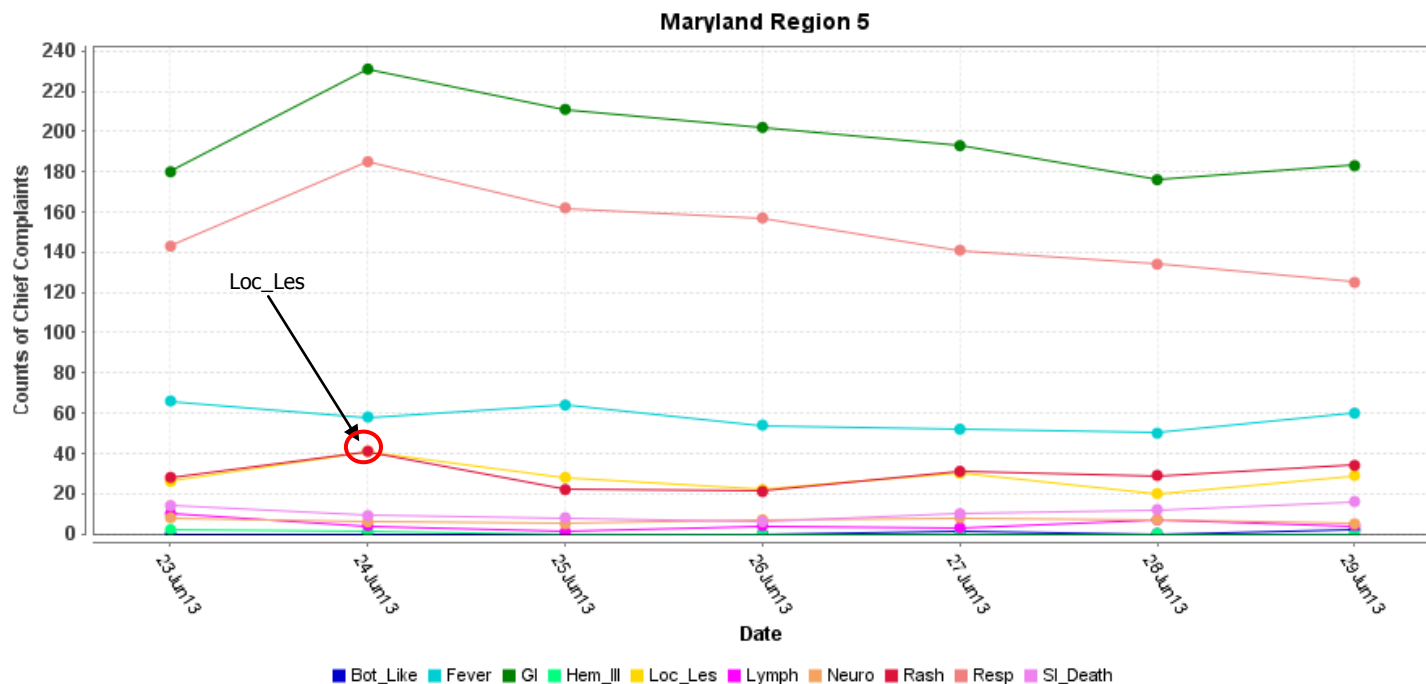


**Maryland Region 3**





\* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

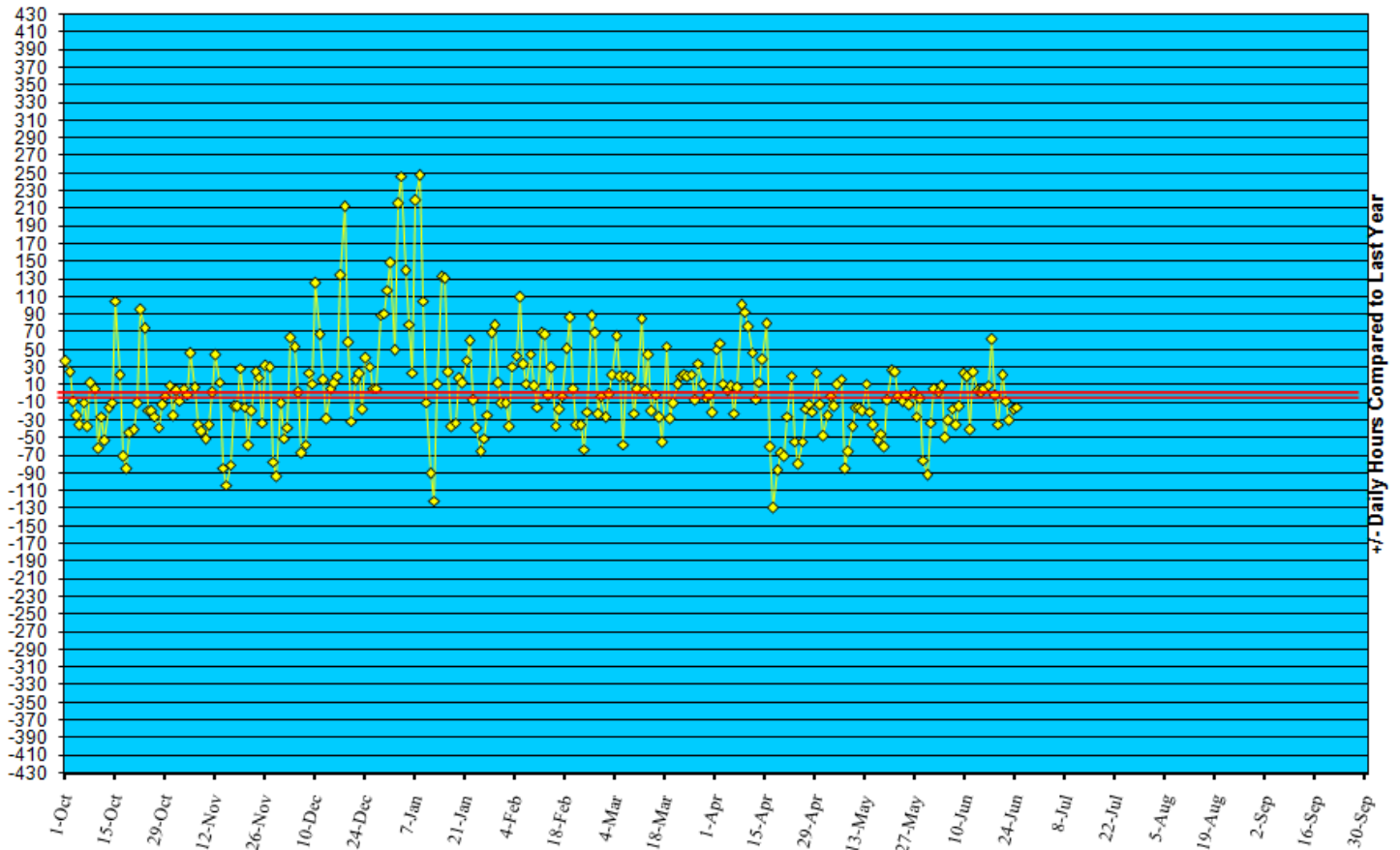


\* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

## **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/11.

### **Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '12 to June 24, '13**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to an emerging public health threat for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2013 did not identify any cases of possible public health threats.

## REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

### COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (June 23 - June 29, 2013):	2	0
Prior week (June 16 – June 22, 2013):	7	0
Week#26, 2012 (June 25 – July 1, 2012):	14	0

**0 outbreaks were reported to DHMH during MMWR Week 26 (June 23 – June 29, 2013)**

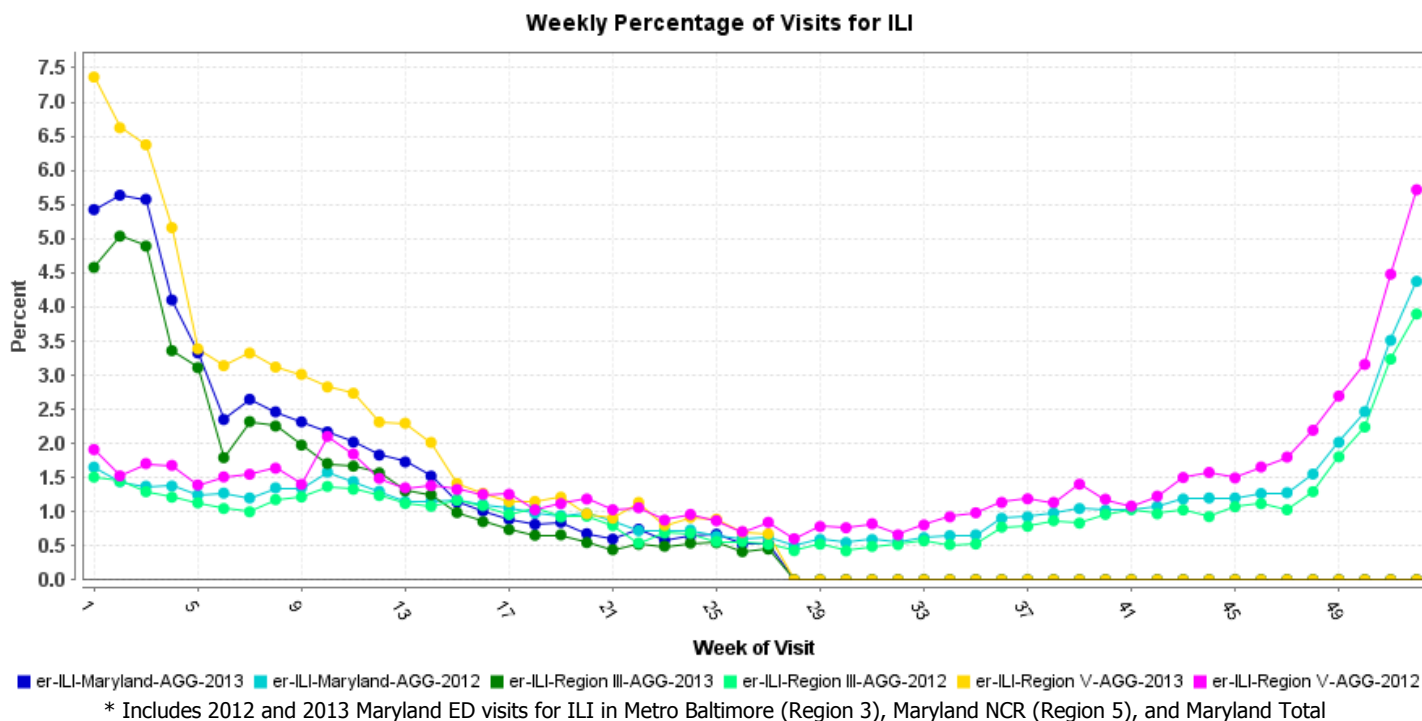
### MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

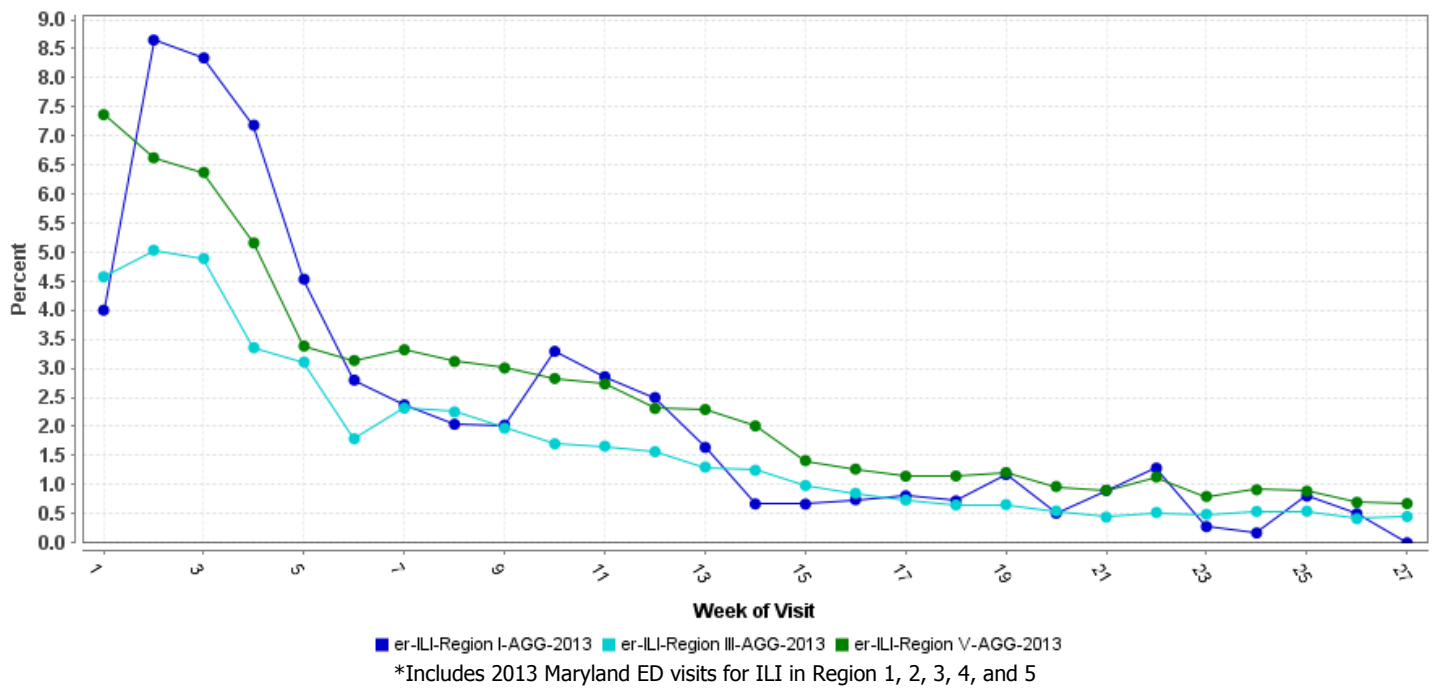
### SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

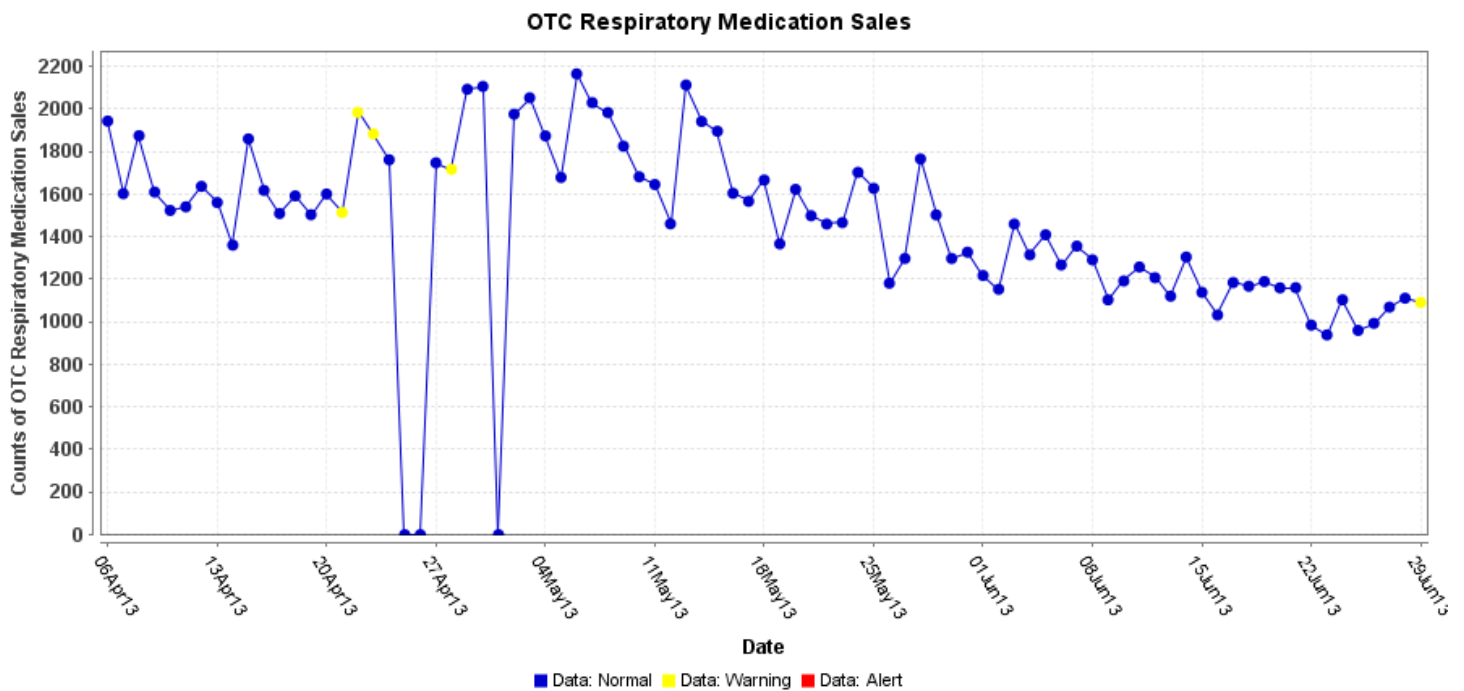


**Weekly Percentage of Visits for ILI**



### OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far. Influenza A(H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 4, 2013, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 630, of which 375 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 60%.

**AVIAN INFLUENZA, HUMAN, H7N9 (CHINA):** 26 June 2013, A man died from the H7N9 strain of bird flu in east China's Shanghai Municipality on Wednesday [26 Jun 2013], local health authorities said. The 56-year-old Shanghai native died early Wednesday morning [26 Jun 2013], the Shanghai Municipal Health and Family Planning Commission said. It was confirmed that he had been infected with the H7N9 virus on Thu 11 Apr 2013. Shanghai has so far reported 33 human infections. While 15 of these patients have made full recoveries and been discharged from hospitals, 16 died and the remaining 2 are still being treated, the commission said.

**AVIAN INFLUENZA, HUMAN, H5N1 (INDONESIA):** 22 June 2013, Indonesia's health ministry today announced that a 2-year-old boy [from Bekasi, Jawa Barat province] died from an H5N1 avian influenza infection, according to a translated statement posted on FluTrackers [see [Flutrackers.com](http://www.flutrackers.com), <http://www.flutrackers.com/forum/showthread.php?t=207753>]. The boy got sick on 10 Jun 2013 and was treated by a pediatrician for a fever. His condition worsened, and he was hospitalized on 18 Jun 2013 and placed on a ventilator in an intensive care unit. He tested positive for H5N1 and died the following day. An investigation into the source of his infection revealed that his mother had bought chicken pieces from a possibly contaminated market 2 days before he got sick. The new case raises Indonesia's tally of H5N1 infections to 193 and its death toll to 161.

## **NATIONAL DISEASE REPORTS\***

**TULAREMIA (NEBRASKA):** 29 June 2013, A rare infectious disease is confirmed in Lincoln County. So far, 2 people in the area were affected by tularemia. The latest is your typical 9 year old kid who loves the outdoors and this summer has been no exception. "The 1st week of June 2013, he did a fishing camp at the school so he was around the lakes and river near North Platte. So every day I said 'Let's check for ticks.' I grew up camping and knew that was kind of the standard thing," said the mother who then removed 3 ticks from her son but one of the bite sites seemed to heal. "A couple days later it started hurting on my neck," said the boy. "He was getting tired and tired and more and more neck pain. It got to the point where he was so stiff he wasn't even moving his neck like it was broken or something," said the father. They went to the hospital where the boy was diagnosed with an uncommon infection called tularemia that can be transmitted through animals by ticks. "It's mostly rodents and rabbits are probably the main reservoir but other rodents can carry the bacteria," says Eduardo Freitas, MD, an infectious diseases physician. Tick and deer fly bites are one of the most common ways the disease is transmitted [but it can also be transmitted] through skin contact with infected animals, ingestion of infected water, and inhaling infected dust contaminants. And while it is contagious between animals and humans, "it is not spread from human to human," Freitas says. Even though there are 2 confirmed cases in the area and several statewide, physicians aren't worried yet. "They are still within the expected numbers; unless this changes over the next few weeks and then we'll be more alarmed," Freitas says. So far, 8 cases have been confirmed in Nebraska in 2013. (Tularemia is listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

**TULAREMIA (NEW MEXICO):** 28 June 2013, The New Mexico Department of Health announced today [27 Jun 2013] that tularemia cases are on the increase in several locations around New Mexico. Since the middle of April 2013, there have been 4 cases in people and 6 cases in dogs and cats. The human cases include a 45-year-old man from Santa Fe County, an 88-year-old woman from McKinley County, a 62-year-old woman from Santa Fe County, and a 75-year-old woman from San Juan County. 3 of the human cases were hospitalized and all have recovered and gone home. Onset of illness in the most recent case was 15 Jun 2013. The pet cases include 2 cats and a dog from Santa Fe County, a dog from Sandoval County, a dog from Los Alamos County, and a cat from Torrance County. They have all recovered. "I would encourage people in the mentioned counties and around the state to follow the same precautions they would to avoid plague," said Department of Health Cabinet Secretary, Retta Ward, MPH. "Don't handle sick or dead rodents, don't allow pets to roam and hunt, get an appropriate tick and flea control product for pets, and take sick pets to a veterinarian. Since tularemia can be fatal in a small percentage of cases, it should be treated with antibiotics following an evaluation by a physician." Tularemia is a potentially serious illness in people that occurs naturally in the USA. It is caused by a bacterium found in animals, especially rodents, rabbits, and hares. Tularemia can also make dogs and cats sick. Symptoms of tularemia in people usually develop 3 to 5 days after exposure but onset can vary from 1 to 14 days. Tularemia symptoms are similar to plague infection including sudden fever, chills, headaches, diarrhea, muscles aches, and joint pain. Other symptoms of tularemia depend on how a person was exposed to the tularemia bacteria and can include pneumonia and chest pain, ulcers on the skin or mouth, swollen and painful lymph glands, swollen and painful eyes, and a sore throat. "The recent human cases in New Mexico had various exposures to tularemia, including skinning a rabbit with bare hands, receiving a bite from a sick cat, cleaning out a water trough with a dead rabbit in it, and being bitten by a deer fly or a tick on the lower leg," said Dr. Paul Ettestad, the Department of Health's public health veterinarian. "Oftentimes there is a rabbit or rodent die-off in an area due to tularemia and deer flies or ticks can become infected from these animals and then pass it on to pets or people when they bite them." People can get tularemia in different ways: handling infected animal carcasses; being bitten by an infected tick, deerfly or other insect; eating or drinking contaminated food or water or by breathing in the bacteria. Dogs and cats are usually exposed to tularemia when they are allowed to roam and hunt sick rodents and rabbits or when bitten by an infected tick. (Tularemia is listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

**CAMPYLOBACTERIOSIS (MINNESOTA):** 27 June 2013, Minnesota state health and agriculture officials reported today, 25 Jun 2013, that routine disease surveillance has detected at least 6 illnesses linked to consumption of raw dairy products from the Dennis Jaloszynski dairy farm, near Cambridge, Minnesota. According to epidemiologists with the Minnesota Department of Health (MDH), the illnesses include 3 people with laboratory confirmation of a

bacterium called *Campylobacter jejuni*. The illnesses were reported to MDH by health care providers as required under Minnesota law. When MDH contacted the individuals to inquire about potential causes of their illnesses, the ill people reported that they had consumed raw milk from the Jaloszynski Farm. Minnesota Department of Agriculture inspectors visited the farm to determine how many customers were purchasing the milk to notify them of the outbreak. Because the owner did not have a customer list, a consumer advisory is being issued. Anyone who may have purchased or received raw milk from this farm should not drink it but should throw it away. "We're concerned that people may be continuing to get sick after consuming products from this farm," said Trisha Robinson, a foodborne illness epidemiologist with MDH. "While we are very concerned about the illnesses associated with this farm, this also is about the inherent risk for foodborne illness from any raw milk consumption," Robinson said. "Drinking raw milk or eating products made from raw milk can expose you to a variety of pathogens that can result in anything from a few days of diarrhea to kidney failure and death. People need to think carefully about those risks before consuming raw dairy products from any source, and people need to know that the risks are especially high for young children." Common symptoms of campylobacteriosis include fever, diarrhea (sometimes bloody), abdominal pain, malaise, and vomiting. Symptoms often begin 2-5 days after consumption of contaminated food. Symptoms last for about a week in most people but can last for up to 3 weeks in 20 percent of cases. In addition, the infection occasionally results in complications such as arthritis and Guillain Barre syndrome, which is characterized by sudden onset of paralysis. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**HEPATITIS A (USA):** 24 June 2013, The Townsend Farms hepatitis A outbreak associated with berries sold at Costco has sickened 113 people, 5 of whom are under 18, according to a [21 Jun 2013] update from the Centers for Disease Control and Prevention (CDC). The 113 confirmed cases are in the following 7 states: Arizona (15), California (57), Colorado (23), Hawaii (5), New Mexico (5), Nevada (5), and Utah (3). 50 people have been hospitalized. The case patients range in age from 2 to 84, although most are between the ages of 40 and 64. About 59 percent of the case patients are female. Based on information from interviews with patients, onset of illness dates ranged from 31 Mar 2013 to 13 Jun 2013. All patients who reported eating the berries in question -- Townsend Farms Organic Antioxidant Blend, said they purchased it from Costco stores. But the product was also sold under the name Harris Teeter Organics Antioxidant Berry Blend at Harris Teeter stores. At this time, no cases have been identified with berries purchased at Harris Teeter stores. Townsend and Harris Teeter both issued recalls and Costco notified customers. An investigation by state and local health departments, the CDC and the US Food and Drug Administration (FDA) is ongoing. The FDA is inspecting the processing facilities of Townsend Farms of Fairview, Oregon; has finalized a protocol to test berries for the hepatitis A virus (HAV), and is testing samples related to the outbreak for the presence of HAV. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

### **INTERNATIONAL DISEASE REPORTS\***

**LEPTOSPIROSIS (INDIANA):** 29 June 2013, A major outbreak of jaundice and other water-borne diseases has taken place in Sama area of the city [Vadodara, Gujarat]. Nearly 150 people are ill in the area in various residential localities. Water contamination that took place about 10 days ago is believed to be the reason for the outbreak. Residents of the area had complained regarding this to Vadodara Municipal Corporation (VMC) officials. According to VMC officials, 61 cases of jaundice and 88 cases of diarrhoea and gastroenteritis have been detected in the area during the last 3 days. The localities that have been affected are located between Chanakyapuri crossroads and Narmada branch canal located ahead. VMC teams have been conducting door-to-door surveys in the affected parts and have so far covered over 3200 houses. VMC medical officer (health) Dr. Devesh Patel said extensive screening of the residents had been done and they had been given chlorine tablets to purify water and oral rehydration solution packets. He added that the water samples collected now were uncontaminated. Sources said that work on a pipeline was conducted in the area about 10 days ago. Even as this was being done there were heavy rains while the pipeline was still open and this may have contaminated water. Residents had complained of dirty water supply around the same time. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

**HANTAVIRUS (CANADA):** 28 June 2013, A death in west central Saskatchewan has been attributed to [a] hantavirus [infection]. Provincial health officials confirmed in a news release Wednesday [26 Jun 2013] that a man in the Heartland Health Region died from complications related to the virus [infection]. Another death in the region is also being investigated for a link to the illness. Hantavirus infection is a rare illness most often associated with exposure to airborne [virus contaminated] particles of feces, urine and saliva from infected mice. It is often contracted while cleaning out infested buildings, but can be transferred by bite as well, said the release. Since 1994 there have been 24 confirmed cases of human hantavirus infection in Saskatchewan, resulting in 7 deaths. (Hantavirus is listed in Category C on the CDC List of Critical Biological Agents) \*Non-suspect case

**ANTHRAX (ENGLAND):** 27 June 2013, A mother died when she contracted anthrax after injecting contaminated heroin, an inquest heard. [The woman], Rochester [Kent], injected the drug and soon complained of pain and swelling in her left arm. The 42-year-old, who had a daughter, visited her GP on [7 Dec 2012]. She was diagnosed with cellulitis -- inflammation of the skin. That evening she visited Medway Maritime Hospital and doctors diagnosed her as having deep vein thrombosis. [The 42 year old woman], who was born in Chatham, was taken into surgery and given an intravenous infusion of a drug designed to clear the clot in her arm. An inquest at the Archbishop's Palace in Maidstone heard she requested methadone as she was in pain. However, a coroner heard a nurse later found the patient, who was trying to quit heroin, drinking from the bottle. Shortly after taking the methadone, she suffered a cardiac arrest and a scan revealed there was bleeding on the right side of her brain. She was rushed to King's College Hospital in London, but died on [9 Dec 2012]. The cause of death was given as the acute bacterial infection anthrax and intravenous drug abuse. The inquest was told the bacteria had spread to her brain and caused bleeding, which can develop very quickly. Coroner Patricia Harding recorded a verdict of accidental death. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

**MERS-COV (SAUDI ARABIA):** 26 June 2013, The Ministry of Health (MOH) in Saudi Arabia has announced 7 additional laboratory-confirmed cases and a death in a previously confirmed case of Middle East respiratory syndrome coronavirus (MERS-CoV). A total of 4 cases have been detected among contacts of confirmed cases in Riyadh and the Eastern Region. They range in age from 7 to 15 years, and all were asymptomatic. Also, 2 further asymptomatic cases have been recorded among female healthcare workers in the Eastern Region and Al-Ahsa. A 7th case has been detected in a 50-year-old female in the Eastern Region. She is currently hospitalized with pulmonary disease and her condition is considered stable. In addition, the MoH has announced the death of a previously reported confirmed case from the Eastern Region (the 32-year-old male 1st reported on [23 Jun 2013]). Globally, from September 2012 to date, WHO has been informed of a total of 77 laboratory-confirmed cases of infection with MERS-CoV, including 40 deaths. WHO has received reports of laboratory-confirmed cases originating in the following countries in the Middle East to date: Jordan, Qatar, Saudi Arabia, and the United Arab Emirates (UAE). France, Germany, Italy, Tunisia and the United Kingdom also reported laboratory-confirmed cases; they were either transferred there for care of the disease or returned from the Middle East and subsequently became ill. In France, Italy, Tunisia and the United Kingdom, there has been limited local transmission among patients who had not been to the Middle East but had been in close contact with the laboratory-confirmed or probable cases. Based on the current situation and available information, WHO encourages all Member States to continue their surveillance for severe acute respiratory infections (SARI) and to carefully review any unusual patterns. Health care providers are advised to maintain vigilance. Recent travellers returning from the Middle East who develop SARI should be tested for MERS-CoV as advised in the current surveillance



recommendations. Specimens from patients' lower respiratory tracts should be obtained for diagnosis where possible. Clinicians are reminded that MERS-CoV infection should be considered even with atypical signs and symptoms, such as diarrhoea, in patients who are immunocompromised. Health care facilities are reminded of the importance of systematic implementation of infection prevention and control (IPC). Health care facilities that provide care for patients suspected or confirmed with MERS-CoV infection should take appropriate measures to decrease the risk of transmission of the virus to other patients, health care workers and visitors. All Member States are reminded to promptly assess and notify WHO of any new case of infection with MERS-CoV, along with information about potential exposures that may have resulted in infection and a description of the clinical course. Investigation into the source of exposure should promptly be initiated to identify the mode of exposure, so that further transmission of the virus can be prevented. WHO does not advise special screening at points of entry with regard to this event, nor does it currently recommend the application of any travel or trade restrictions. WHO continues to closely monitor the situation. (Emerging Infectious Diseases are listed in Category C on the CDC List of Critical Biological Agents) \*Non-suspect case

**ANTHRAX (ROMANIA):** 25 June 2013, Representatives of the Department of Public Health (DSP) issued an alert yesterday [16 Jun 2013] afternoon after a 56-year-old man of Stauceni [Botosani County, Romania] arrived at the emergency unit with symptoms of anthrax. Admitted to the Infectious Diseases Section of the County Hospital, he is under medical supervision. To avoid spread of disease, epidemiologists have prepared a room where they isolated and subjected him to treatment and further tests. "So far, the patient has fever and an [lesion] on the arm. He is showing clinical signs of cutaneous anthrax, but we are waiting upon laboratory results," said the county's chief epidemiologist, Ecaterina Chihaia. The man has told doctors that a few days after he treated some insect bites on his forearm with Vaseline, some nodular effusions appeared, popularly referred to as "black sore" [a.k.a. "Siberian ulcer"]. The alert was communicated to the Sanitary Veterinary and Food Safety Authority, but they are awaiting the results of laboratory tests before initiating [farm] quarantine. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) \*Non-suspect case

**E. COLI EHEC (SCOTLAND):** 23 June 2013, Health chiefs have issued a food safety warning after recording "a higher than usual number" of cases of a potentially deadly strain of E. coli. NHS [Scottish National Health Service] Tayside has launched an investigation into a spike in the bacterial infection which is contracted by eating undercooked or contaminated meat. A statement from the health board said: "NHS Tayside has been notified of a higher than usual number of people who have become ill recently with E. coli O157 infection. Although the total number of cases remains small, we are investigating this in line with normal procedures, as we would for all cases of E. coli O157." Doctors warned that summer barbecues posed a particular risk because of the close proximity of cooked and uncooked meat and the chance of cross-contamination. They warned cooks to ensure their hands are washed thoroughly after handling raw meat and to cook food throughout. The statement advised: "Wash your hands before preparing any food and especially between handling raw and cooked meat. Raw and cooked foods should be kept apart at all times to avoid cross-contamination of bacteria from raw meat. Don't allow cooked food to make contact with hands, chopping boards, knives or tongs which have touched raw food. "Always ensure that meat is cooked throughout, none of the meat is pink and the juices run clear. This is especially important for chicken, burgers, sausages and kebabs. If barbecuing, food should be kept in the fridge or cool bag until they are ready to go on the barbecue, and serving bowls should always be covered to protect from dirt and insects. "If you're barbecuing for lots of people, you could cook meat indoors and finish it off on the barbecue to add that summer barbecue flavour. When you reheat food on the barbecue, make sure it's piping hot all the way through before serving." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) \*Non-suspect case

\*National and International Disease Reports are retrieved from <http://www.promedmail.org/>.

## **OTHER RESOURCES AND ARTICLES OF INTEREST**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmd.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmd.maryland.gov/flu survey>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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## Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

**Table: Text-based Syndrome Case Definitions and Associated Category A Conditions**

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Botulism-like	<p>ACUTE condition that may represent exposure to botulinum toxin</p> <p>ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy.</p> <p>ACUTE descending motor paralysis (including muscles of respiration)</p> <p>ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.</p>	Botulism
Hemorrhagic Illness	<p>SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola</p> <p>ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF</p> <p>ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria</p>	VHF
Lymphadenitis	<p>ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)</p>	Plague (Bubonic)
Localized Cutaneous Lesion	<p>SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia</p> <p>ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia</p> <p>INCLUDES insect bites</p> <p>EXCLUDES any lesion disseminated over the body or generalized rash</p> <p>EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease</p>	Anthrax (cutaneous) Tularemia
Gastrointestinal	<p>ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract</p> <p>SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis</p> <p>ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea</p> <p>EXCLUDES any chronic conditions such as inflammatory bowel syndrome</p>	Anthrax (gastrointestinal)

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents**  
(continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person &gt; XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

**Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents** (continued from previous page)

<b>Syndrome</b>	<b>Definition</b>	<b>Category A Condition</b>
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable

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